



# CHAIN OF CUSTODY

## LABORATORY INFORMATION

PACE ANALYTICAL SERVICES  
1700 ELM ST. SUITE 200  
MINNEAPOLIS, MN 55414

Phone: 612-607-6351  
Fax:

COC # 10128667

## SHIPMENT INFORMATION

Shipment Method:  
Shipment Tracking No:

## CLIENT PROJECT INFORMATION

Client Project Number: 4975-2  
Project Name: TRANSOCEAN SPILL RESPONSE  
Client Contact: CONTACT R. WOODLEE

Proj. State: LA  
Proj. City: Houma

## CTEH PROJECT INFORMATION

Office Location: LITTLE ROCK  
Address: 5120 NORTH SHORE  
City, State, Zip: N. LITTLE ROCK

Project #: 4975-2  
PM: Randall Woodlee  
Email: rwoodlee@cteh.com  
Phone: 615-210-1270 Fax:

## Turnaround Time:

☐ Standard 6-13 Days  
☒ 1 Day Rush  
☐ 2 Day Rush  
☐ 3 Day Rush

Specify # Days

☐ Standard 14 Days  
☐ Other

## Deliverables:

☐ Other Deliv:  
☐ Standard (Level II)  
☐ Level III  
☒ Level IV To follow

☐ EDD Required, Format:

## Preservative Codes:

0 = No Preservative  
1 = Hydrochloric Acid  
2 = Nitric Acid

3 = Sulfuric Acid  
4 = Sodium Thiosulfate  
5 = Sodium Hydroxide  
6 = Other

## Note

Pres.  
Code

## Matrix Codes:

GW = Groundwater  
WW = Waste Water  
SW = Surface Water

SO = Soil  
SL = Sludge  
OI = Oil  
LIQ = Liquid  
A = Air media  
SOL = Other Solid

## METHODS FOR ANALYSIS

## COMMENTS

## LAB USE

## SAMPLE INFORMATION

Sample Identification	Containers	Sample Collection			Filtered	Type	Matrix	TD...	TD										
	Number & Type	Date	Time	Sampler	Y or N	Comp or Grab	Code												
OIGM0511A1R001	6L R	5/11/10	1517	SS	NA	G	A	X	X									A759	DD1
OIGM0511A1R002	6L	5/11/10	1534	SS	NA	G	A	X	X									A470	DD2
<div>Not Used</div>																			

Relinquished By: Randall Woodlee	Date Time: 5/11/10 2:25 PM	Received By: [Signature]	Date Time: 5/11/10 9:25 AM	Comments & Special Analytical Requirements:
Relinquished By:	Date Time:	Received By: [Signature]	Date Time: 5/12/10 1600	
Relinquished By:	Date Time:	Received By:	Date Time:	
Received By Laboratory:	Date Time:	Lab Remarks:	LAB USE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			Custody Seal #	LAB Log Number

### AIR Sample Condition Upon Receipt

Client Name:

Project #

**Courier:** ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

**Custody Seal on Cooler/Box Present:** ☐ yes ☒ no      **Seals intact:** ☐ yes ☒ no

**Packing Material:** ☒ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other

**Tracking #:****Comments:**

Date and Initials of person examining contents: SRLO

			Comments:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.	
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.	
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.	
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	4.	
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.	
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.	
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7.	2 days 1 day. 6/5/12/16
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.	
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.	Acctest cans
-Face Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.	
Media: <u>air can</u>		11.	
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.	

[illegible]

**Client Notification/ Resolution:**

### Field Data Required?

Y / N

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/ Resolution:

**Project Manager Review:**

Date: 5/12/10